

APPROVED AND FILED

03 SEP 17 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000082724**

1. Entity Name  
**CUISINE BON BERGER RESTAURANT INC.**

Principal Place of Business  
2551 N. DDUE HWY  
POMPANO BEACH, FL 33064 US

Mailing Address  
3130 N.E. 5TH AVE  
POMPANO BEACH, FL 33064 US

2. Principal Place of Business  
3. Mailing Address

State, Apt. #, etc.  
City & State  
Zip Country

4. FE Number  
**20-0153160**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUMAS, JEAN A  
3130 N.E. 5TH AVE  
POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Pres Fred EXANTUS 3130 NE 5 AVE POMPANO B. FL 33064</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Fred Exantus** 8-14-03 782-0909

SIGNATURE AND TITLE OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date

10111148

900023517179  
10/02/03--01072--029 ##400.00  
08/18/03 90171 003 \$150.00



CHECK HERE IF MAKING CHANGES

CREC034 (10/02)